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FORM**

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Total Number of Pages in This Submission

3

Application Number

09/688,982

Filing Date

10/27/2000

First Named Inventor

Jeff Eder

Art Unit

3628

Examiner Name

Clement Graham

Attorney Docket Number

VM - 11

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard, preliminary amendment
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ValueMiner, Inc.		
Signature	s/Jeff Eder/s		
Printed name	Jeff Eder		
Date	3/14/2005	Reg. No.	52,849

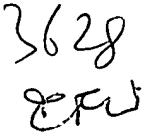
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Signature	s/Jeff Eder/s		
Typed or printed name	Jeff Eder	Date	3/14/2005

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More Application of:

Examiner: Clement Graham

Art Unit: 3628

For: **AN AUTOMATED ON LINE RISK
TRANSFER SYSTEM**

**Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Sir or Madam:

Prior to examination of the above-referenced application, the Applicant respectfully requests the Examiner to enter the following amendments.